

[Company Header/Logo Placeholder]

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Endorsement - Employment Practices Liability (EPL) Deductible Amendment

Policy Number: [Policy Number]

Effective Date of Amendment: [Date]

Dear [Policyholder Name],

This letter serves as formal notification that an endorsement has been added to your Employment Practices Liability insurance policy regarding a change in your deductible structure.

Please be advised that the deductible for [Specific Type of Claim, e.g., Third Party Liability or Class Action Claims] has been amended as follows:

- **Previous Deductible:** \$[Amount]
- **New Amended Deductible:** \$[Amount]

This amendment applies to all claims reported on or after the effective date mentioned above. All other terms, conditions, and exclusions of your policy remain unchanged.

We recommend that you review the attached endorsement carefully and keep it with your original policy documents. If you have any questions regarding how this change affects your coverage, please contact your insurance agent or account representative at [Phone Number].

Sincerely,

[Name of Authorized Representative]

[Title]

[Insurance Company Name]